



STATE OF MARYLAND

DHMH

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June 24, 2011

Public Health & Emergency Preparedness Bulletin: # 2011:24 Reporting for the week ending 06/18/11 (MMWR Week #24)

CURRENT HOMELAND SECURITY THREAT LEVELS

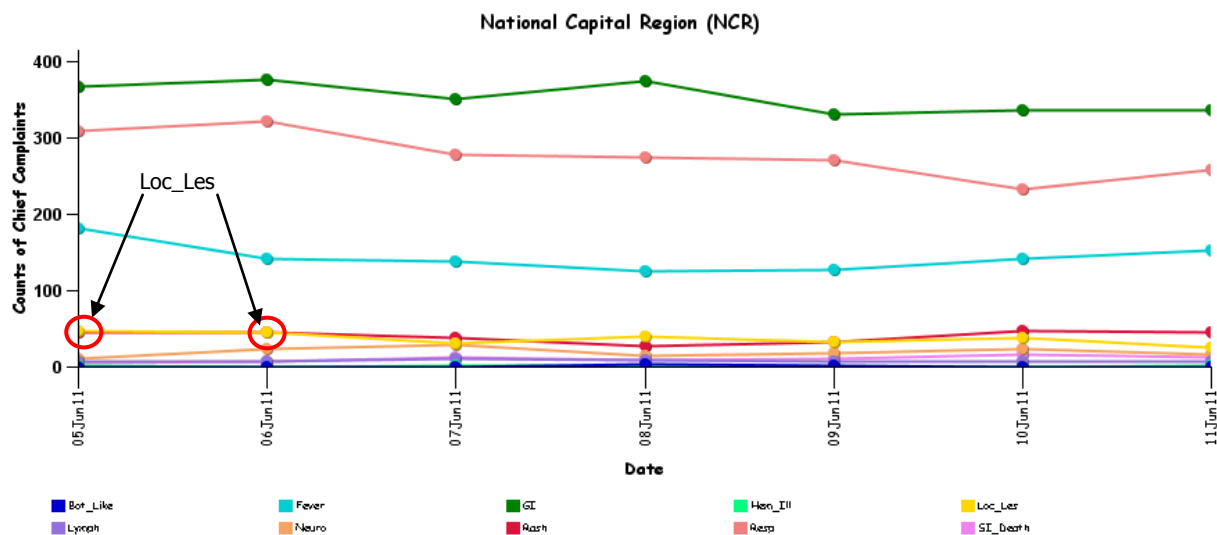
National: No Active Alerts
Maryland: Level One (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

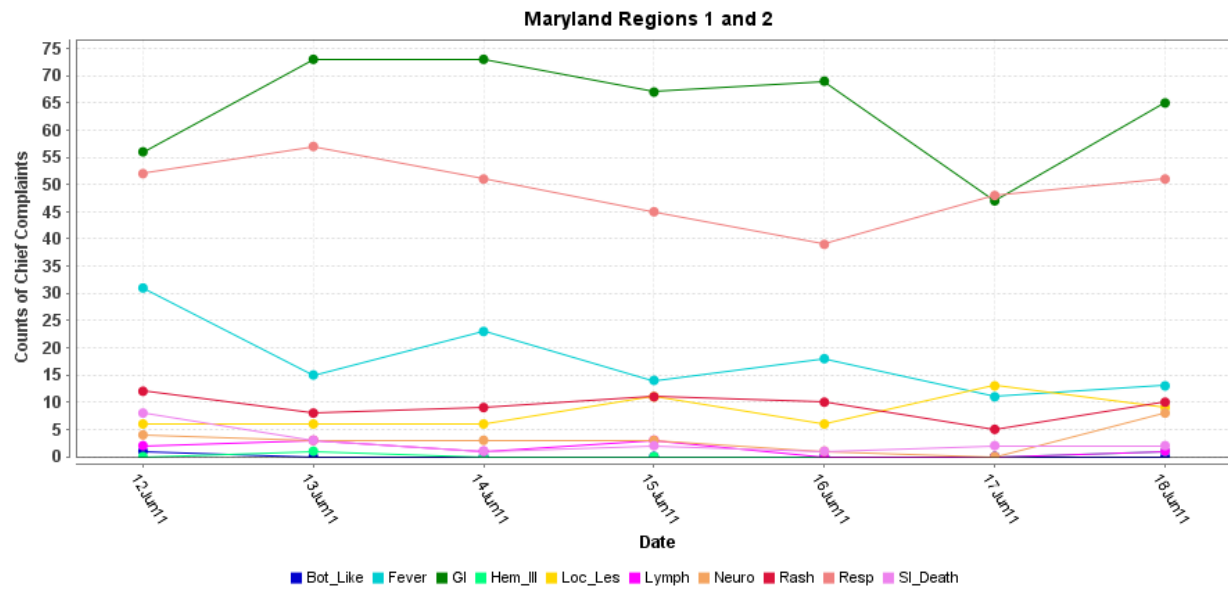
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

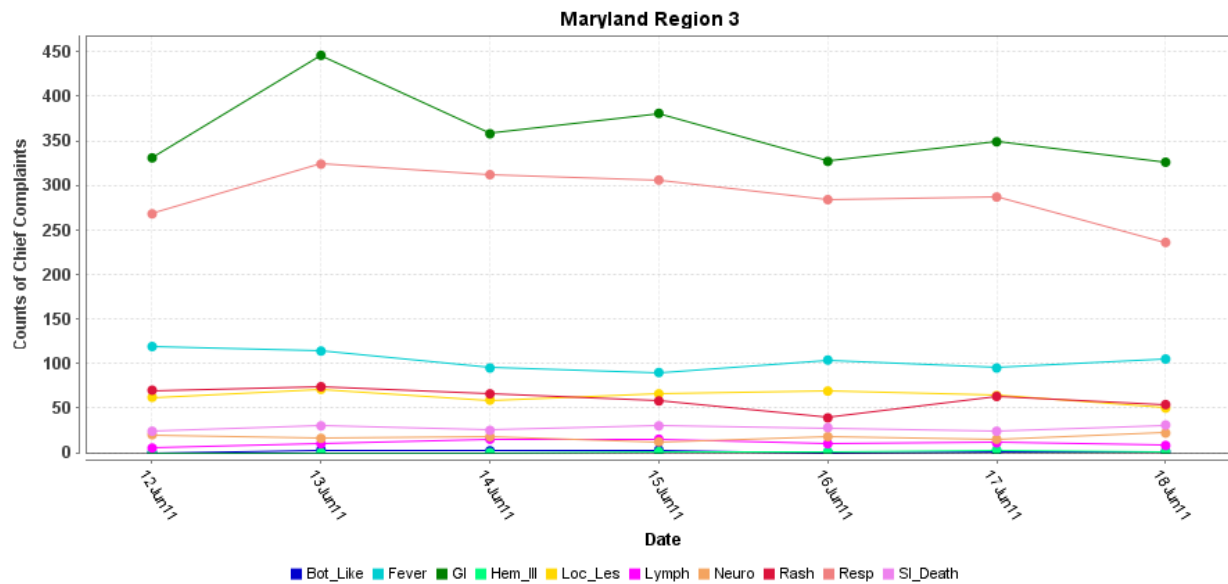


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

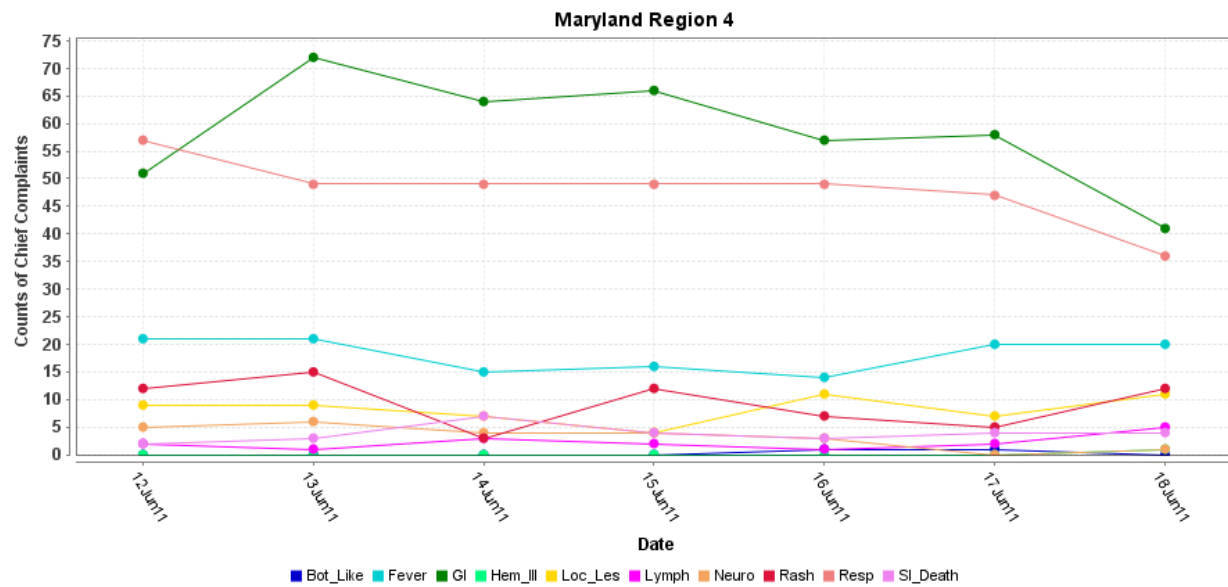
MARYLAND ESSENCE:



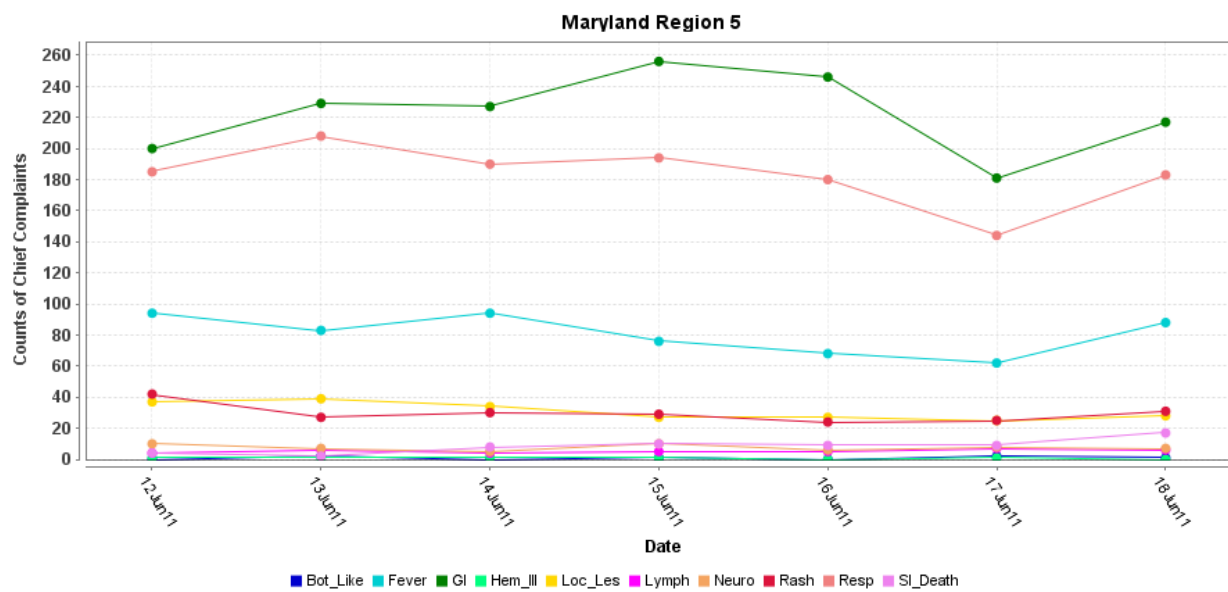
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

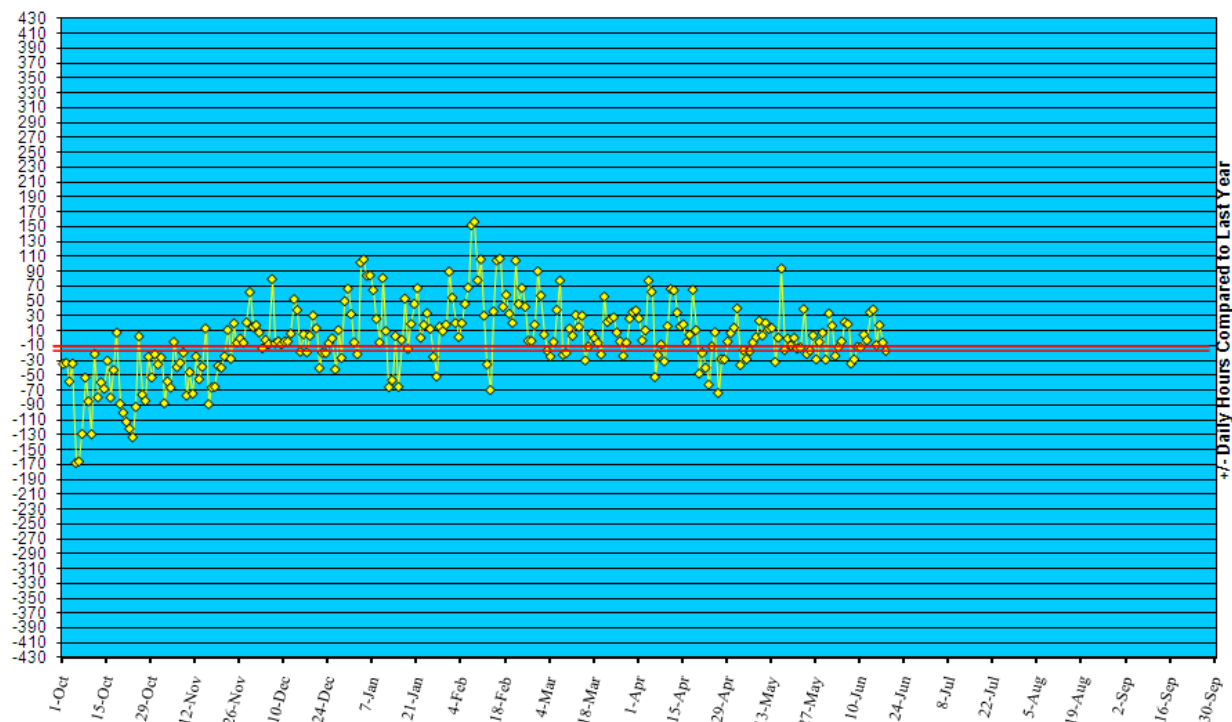


* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/10.

Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '10 to June 18, '11



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in May 2011 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:

New cases (June 12 – June 18, 2011):

Prior week (June 5 – June 11, 2011):

Week#24, 2011 (June 13 – June 19, 2010):

Aseptic

6

9

14

Meningococcal

0

0

0

4 outbreaks were reported to DHMH during MMWR Week 24 (June 12 – June 18, 2011).

1 Gastroenteritis outbreak

1 outbreak of GASTROENTERITIS in an Institution

1 Foodborne outbreak

1 outbreak of GASTROENTERITIS/FOODBORNE associated with a Workplace

1 Respiratory illness outbreak

1 outbreak of PNEUMONIA in a Nursing Home

1 Rash illness outbreak

1 outbreak of SCABIES in a Nursing Home

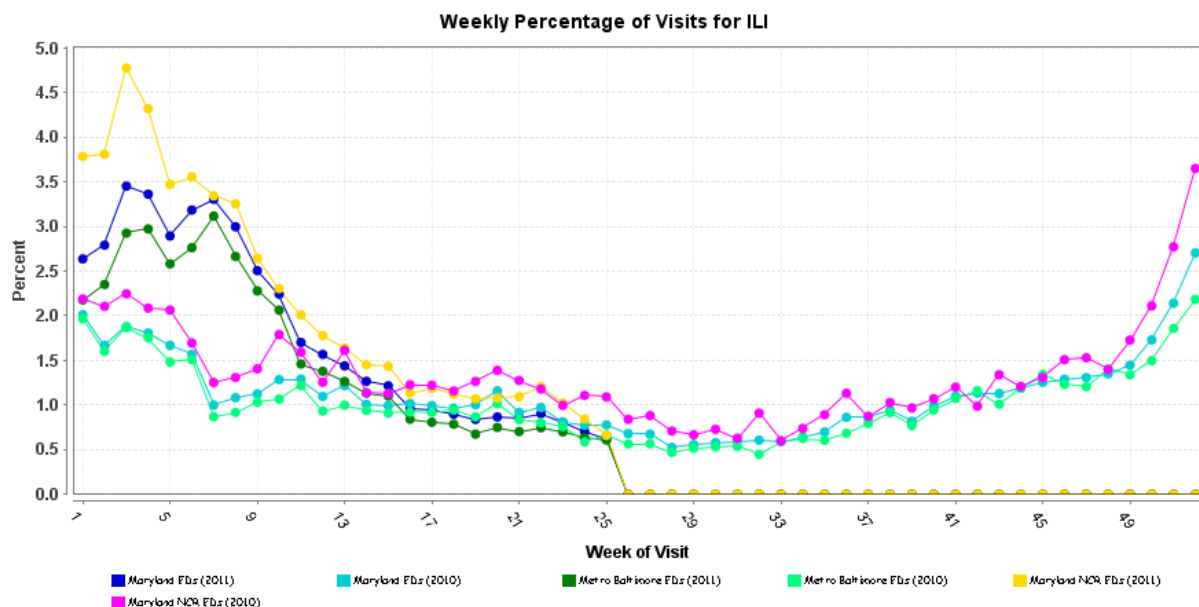
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May.

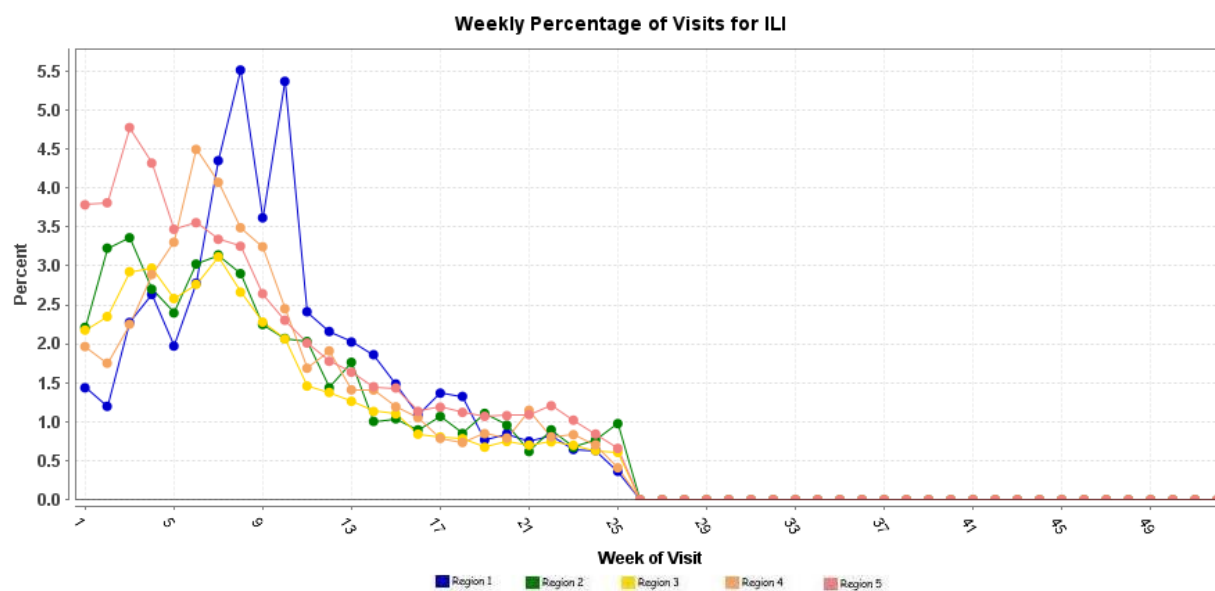
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



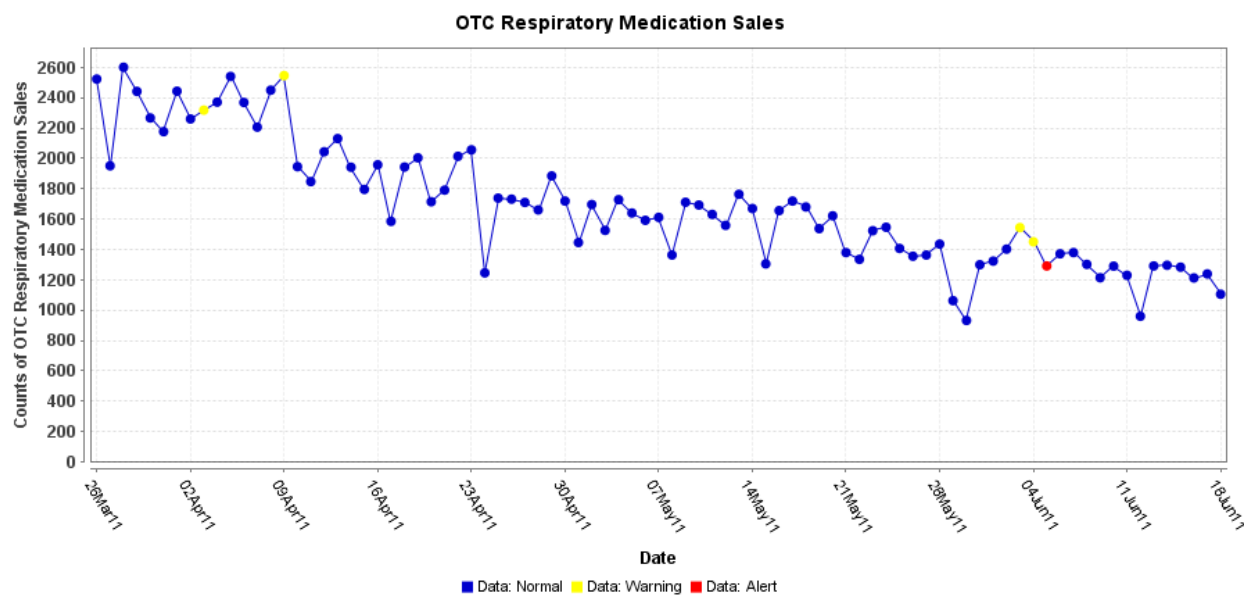
* Includes 2010 and 2011 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2011 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

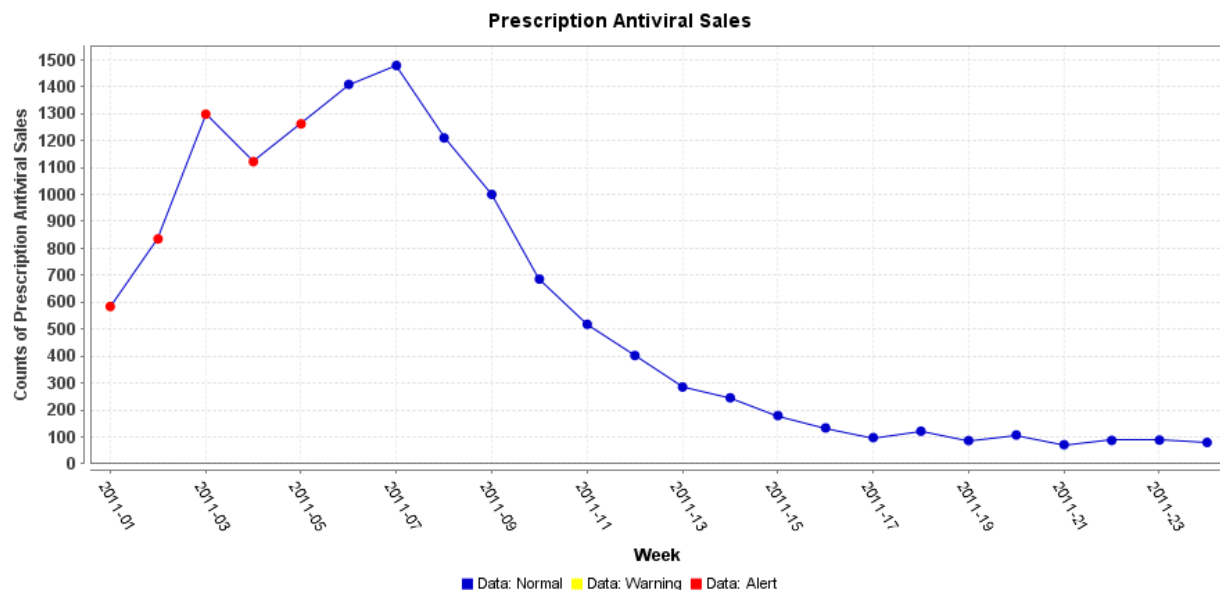
OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PRESCRIPTION ANTIVIRAL SALES:

Graph shows the weekly number of prescription antiviral sales in Maryland.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

As of June 16, 2011, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 561, of which 328 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 58%.

AVIAN INFLUENZA, HUMAN (EGYPT): 16 June 2011, The Ministry of Health of Egypt has notified WHO of 5 cases [including 3 deaths] of human infection with avian influenza A (H5N1) virus. The 1st case is a 40 year old female from Aswan District, Aswan Governorate. She developed symptoms on 14 May [2011], and was hospitalized. She completed the course of oseltamivir, recovered, and was discharged. The 2nd case is a 21 year old pregnant female from Ashmoun District, Menofia Governorate. She developed symptoms on 21 May [2011], was hospitalized, and received oseltamivir. She died on 29 May 2011. The 3rd case is a 31 year old male from Shobra Elkhima District, Qaliobia Governorate. He developed symptoms on 21 May [2011], was hospitalized, and received oseltamivir. He died on 5 Jun 2011. The 4th case is a 3 years old male from Elzawya District, Cairo Governorate. He developed symptoms on 23 May [2011] was hospitalized and received oseltamivir. He died on 2 Jun 2011. The 5th case is a 16 years old male from Ashmoon District, Menofia Governorate. He developed symptoms on 21 May [2011] was hospitalized, and received oseltamivir. He was in a critical condition but he is recovering. Investigations into the source of infection indicate that all the cases had exposure to poultry suspected to have avian influenza. The cases were confirmed by the Egyptian Central Public Health Laboratories, a National Influenza Center of the WHO Global Influenza Surveillance Network. Of the 149 cases confirmed to date in Egypt, 51 have been fatal.

NATIONAL DISEASE REPORTS

SALMONELLOSIS, SEROTYPE ALTONA (USA): 17 June 2011, CDC is collaborating with public health and agriculture officials in many states and the Department of Agriculture's (USDA) National Poultry Improvement Plan (NPIP) to investigate a multistate outbreak of human *Salmonella* [enterica] serotype Altona infections. As of 8 Jun 2011, a total of 39 individuals infected with the outbreak strain of *S. Altona* have been reported from 15 states. The number of ill persons identified in each state is as follows: Georgia (1), Indiana (1), Kentucky (4), Michigan (1), Maryland (3), Minnesota (1), North Carolina (6), New York (2), Ohio (8), Pennsylvania (4), Tennessee (2), Virginia (3), Vermont (1), Wisconsin (1), and West Virginia (1). Among the persons with reported dates available, illnesses began between 25 Feb 2011 and 23 May 2011. Infected individuals range in age from less than 1 year old to 86 years old and 44 percent of ill persons are 5 years of age or younger. 45 percent of patients are male. Among the 32 patients with available information, 9 (28 percent) were hospitalized. No deaths have been reported. Investigators are using the PulseNet system to identify cases of illness that may be part of this outbreak. In PulseNet, the national network of public health and food regulatory agency laboratories coordinated by CDC, DNA is analyzed from bacteria obtained through diagnostic testing of ill people. In interviews, ill persons answered questions about contact with animals and foods consumed during the week before becoming ill. 25 (81 percent) of 31 ill persons interviewed reported contact with live poultry (chicks, chickens, ducks, ducklings, geese, and turkeys) prior to becoming ill. Of ill persons who could recall the type of live poultry with which they had contact, all 25 identified chicks, ducklings, or both, and 19 out of 19 (100 percent) ill persons with available vendor information reported purchasing chicks and ducklings from multiple locations of a nationwide agriculture feed store, Feed Store Chain A. Ill persons report purchasing live poultry for either backyard flocks to produce eggs or as pets. In May 2011, laboratory testing yielded *S. Altona* bacteria from 3 samples from a chick and its environment collected from an ill person's household in Ohio, and 3 environmental samples collected from chick and duckling displays at 2 locations of Feed Store Chain A in North Carolina. Findings of multiple traceback investigations of live chicks and ducklings from homes of ill persons have identified a single mail-order hatchery as the source of these chicks and ducklings. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

CHOLERA (NEW YORK): 16 June 2011, On 12 Jun 2011, a 63-year-old insulin-dependent diabetic, African-American male was admitted to one of our affiliated hospitals [in Brooklyn, NY] with profuse, watery diarrhea for 4 days without vomiting, fever, blood in the stool or substantial abdominal pain. He had purchased clams at a store in Brooklyn, NY and ate them on 6 and 7 Jun 2011. His wife did not eat the clams and did not become ill when the patient did on 8 Jun 2011. The clams were said to have been cooked, but neither the methodology of the cooking nor whether the cooked clams were exposed to the pre-cooked container are clear. There was no travel history, no exposure to individuals from Haiti, the Dominican Republic or Germany or exposure to pets. He had been treated for *H. pylori* gastritis in mid-March 2011 with a regimen containing amoxicillin and clarithromycin for 2 weeks, which ended 6 weeks prior to the illness. He was non-febrile with a normal blood count but had a serum creatinine of 3.9 mg/dL. He continued to have prominent watery, green colored diarrhea without blood or mucus at a rate of 4-6 L/day and was hospitalized in the ICU for aggressive fluid and electrolyte resuscitation. Initially, a PCR for *C. difficile* toxin was positive, and he was begun on oral vancomycin but had no evidence of colitis on CT scan. The sheer amount of watery diarrhea, especially in a patient with questionably adequately cooked clams, made the infectious diseases consultant suspect a cholera or cholera-like disease. Stool culture revealed a curved-shaped Gram negative bacillus which was identified biochemically as *Vibrio cholerae*. O type is pending. No other similar cases are known to the Department of Health. His renal failure was felt to be due to profound fluids depletion, and his creatinine rose as high as 9.7 before starting to decrease. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS

ANTHRAX, HUMAN, LIVESTOCK (BANGLADESH): 18 June 2011, A total of 4 more people have been diagnosed with anthrax at Kenai village in Faridpur upazila of the district yesterday [15 Jun 2011], bringing the number to 14 during the last 3 days, district health officials confirmed. The affected people are [aged between 13 and 35]. Dr. Khalilur Rahman, upazila health and family planning officer said the 4 arrived to the health complex yesterday afternoon for medical care. The 4 detected infected 2 days after they handled raw meat of a diseased cow which was slaughtered on 9 Jun 2011, he said. Earlier on 11 Jun 2011, 10 people of the same village contracted anthrax. The disease has affected a total of 31 people in the upazila within the last 2 months, said Khalil. (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

ANTHRAX, HUMAN, LIVESTOCK (BANGLADESH): 18 June 2011, Another 5 persons have been infected with anthrax in Sirajganj and Pabna districts, upazila health office sources confirmed yesterday [16 Jun 2011]. Our Sirajganj correspondent reports: 4 persons of Char Angor village under Shahjadpur upazila have been infected with anthrax, confirmed Upazila Health Officer Dr. Abdul Awal. A team of upazila health officials led by Abdul Awal yesterday diagnosed the infected people and took them under treatment. The infected people slaughtered a sick goat [owned by one of the villagers] at the village about 10 days ago and shared the meat among them, they said. With this number, a total of 64 people in different upazilas of the district have been infected with anthrax in the last few days. Our Pabna correspondent reports [that a married woman in the] village Kenai of Faridpur upazila has been infected with anthrax, said the Faridpur upazila health and family planning officer Dr. Khalilur Rahman yesterday. Upazila health department sources said a total of 32 persons have been diagnosed to be anthrax patients. Meanwhile, the local livestock department sources said 3 cows are infected with anthrax. (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

ANTHRAX, HUMAN, BOVINE (KYRGYZSTAN): 18 June 2011, 2 persons in Jalal-Abad province are suspected to (have) anthrax, according to the press-service of the Emergency Situations Ministry. Reportedly, on 6 Jun 2011 one of farmers distributed the meat of the cattle with assent of the local animal doctor at Kolmon pasture. To date the number of people [who] consumed the meat is

being established. The meat was sent for examination to the sanitary-epidemiological inspection service in Jalal-Abad city while assays of the infected persons are sent to the [public health] laboratory in Osh city. (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

E. COLI O104 (EUROPEAN UNION): 18 June 2011, German scientists have discovered a 2nd cause of the outbreak of E. coli [O104] bacterium that has killed 39 people in recent weeks: a kitchen employee at a catering company was unwittingly spreading the germ on food. The finding on Fri 17 Jun 2011 comes a week after statistical and laboratory proof that the disease was mainly spread by edible sprouts grown from lentils, radishes and beans at a market garden. Hesse state consumer protection officials said that a woman who had caught type O104:H4 enterohemorrhagic E. coli (EHEC) from the sprouts, but had not yet fallen ill, passed it to 20 other people via food she handled. A spokesman, Harald Kehlborn, said investigators were checking the kitchen, but added that the infection would have been impossible if kitchen staff had properly washed their hands after using the toilet. He said it might turn out the E. coli had been spread via a kitchen utensil at the firm, which mainly supplied food for home parties. The female worker later developed the most severe form of EHEC infection, hemolytic-uremic syndrome. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

EBOLA HEMORRHAGIC FEVER (UGANDA): 17 June 2011, The ministry of health is set to announce an end of the Ebola outbreak in the country tomorrow (Fri 17 Jun 2011). Rukia Nakamatte, the ministry's spokesperson said Friday [17 Jun 2011] would mark the end of 42 days, the required days designated to mark an end to such an epidemic. The Ebola outbreak was confirmed on May 12 [2011] after a 12-year-old girl from Ziobwe Sub County in Luwero district died on 6 May 2011 at Bombo Military Hospital. The case remained the only confirmed case of the Sudan Ebola strain outbreak. All suspected cases were tested at the Uganda Virus Research Institute, Entebbe and proved negative. (Viral Hemorrhagic Fever is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS (CHILE): 17 June 2011, The Emergency Unit of the Regional Hospital treated 25 people for foodborne illness, [of which there were] 2 children, a pregnant woman and 2 adults, one elderly person and a diabetic. 5 people remain hospitalized at the Guillermo Grant Benavente de Concepcion Hospital related to a salmonellosis outbreak that affected 47 individuals who ingested homemade mayonnaise. "They consumed homemade mayonnaise at a baptism in the Concepcion municipality. There are 18 cultures [from patient specimens] that confirmed the illness as salmonellosis and 6 food samples have been taken, but results of these are still pending," said Andrea Silva, from the Epidemiology Unit the Health SEREMI [Regional Offices of the Health Ministry] in Biobío. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

E. COLI VTEC (FRANCE): 17 June 2011, Health officials said on [Thu 16 Jun 2011] that 8 children have been admitted to hospital in northern France after eating beef burgers infected with a strain of E. coli, fanning fears of a wider outbreak. The officials said the bacterium was not related to the lethal strain of E. coli that has killed 39 people and made 3000 ill, most of them in northern Germany. "We are now certain that this is not the same strain as the one discovered in Germany," a health official from the Nord-Pas-de-Calais region said on i-Tele television. Privately owned German discount chain Lidl has withdrawn boxes of frozen beef patties, which regional health authorities said were behind the French infections. The boxes were sold under the brand "Steaks Country" and had expiry dates of 10 through 12 May 2011, officials said. On Wed 15 Jun 2011, 5 children, aged between 20 months and 8 years and from different towns in the Nord-Pas-de-Calais region, were taken to a hospital in the city of Lille after suffering bouts of bloody diarrhea. One was quickly released, but 4 were still being treated at the hospital. 3 are being treated with hemodialysis, a method of removing waste products from the blood in the case of kidney failure. On Thu 16 Jun 2011, 3 children were admitted to hospital, the health official said. One of the victims' condition was life-threatening, a medical source told Reuters. Health Minister Xavier Bertrand said a search was under way to determine the origin of the outbreak and stricter controls would be enforced at production sites. "I hope we can launch a search program very quickly, we are working on that already with French researchers in order to identify (the origin) and deal with health problems soon," he said on RTL radio. A spokesman for Lidl said that beef used in the suspect boxes had been bought from French supplier SEB-CERF, based in the northeastern town of Saint-Dizier, which produces some 400 tons per week of frozen beef, according to its website. "The products were made in France, but depending on the expiry date and our suppliers' opportunities, the beef can come from Germany, Italy, France, the Netherlands, or even other places," spokesman Jerome Gresland at Lidl told Reuters. "We buy the beef through this supplier with a stamp that says it comes from the European Union." A box of suspected beef patties found at the home of an infected child was labeled as containing beef that came from Germany, the supplier's chief executive told Reuters. But, he added, that container was not enough to determine the origin of the infection with any certainty because many other boxes of suspected product contained beef produced in other locations around Europe. "There are about 10 tonnes worth of withdrawn product ... Some of it contains beef from Belgium, Italy, there is probably even some from France," said Guy Lamorlette, adding that he expected the result of analyses on the beef within 48 hours. French health authorities ordered Lidl to withdraw "Steaks Country" boxes with a range of expiry dates after finding a box with a 10 May 2011 expiry date at the home of one of the infected children. The firm withdrew the entire line of frozen beef patties. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

ANTHRAX, HUMAN, BOVINE (GUINEA-BISSAU): 16 June 2011, Anthrax, affecting both animals and humans, has caused the deaths of 4 persons who ate contaminated meat in Guinea-Bissau, official sources from the Guinea-Bissau health sector told AFP on Wednesday [8 Jun 2011]. The Veterinary Services Branch of Guinea-Bissau said in communique that 3 of the deaths were reported last week [week of 6 Jun 2011] in Mbunhe a locality in the Bissora area [Oio region] (approximately 70 km [44 mi] north of Bissau). According to the same source, the victims attended a traditional circumcision ceremony, [where they ate] meat from an anthrax infected cow. On Mon [6 Jun 2011], a 4th death from the same disease has been notified in Biombo (in the west of the country), and this person had also consumed contaminated meat. Anthrax was reported in February [2011] in the Bissora sector, and very quickly spread in the Bafata and Gabu regions, more to the east, the excellent livestock rearing [part of the country] explained the director of the Veterinary Services, Bernardo Cassama to AFP. A total of 50 cattle died in these 2 regions, of which 40 were in Gabu, which provides much of the meat sold in the capital, Bissau. Health authorities have called on the population of Guinea-Bissau to consume only meat certified as fit for consumption by the relevant departments. There are many illegal slaughterhouses which are beyond our control. For this reason we ask people to be vigilant, our agents are in the field working on a vaccination and

education campaign, said Cassama. Caused by a bacterium called *Bacillus anthracis*, anthrax infects primarily herbivorous animals, but can occur in other mammals and some birds. It is transmitted to humans directly or indirectly from infected animals or by consumption of contaminated products and can cause death if not treated quickly. (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

ANTHRAX, HUMAN, LIVESTOCK (INDIA): 16 June 2011, Anthrax is fast spreading in different villages of Tumudibandh block in Kandhamal district [Orissa state]. The outbreak was first reported in Sanaguchuka village in Gumma panchayat and 10 days later, it has spread to 10 more villages under Bilamala and Belaghar panchayats. The swab and blood tests of 4 persons from the affected villages were found positive on Monday [13 Jun 2011]. Even the blood samples and swabs sent for tests last week were found positive. The disease has so far affected 25 persons. Meanwhile, health camps have been opened in Badaguchuka and Sanaguchuka. The health officials [reported] that steps have been initiated to disinfect water bodies in the affected areas and the inhabitants have been asked not to consume dry meat. The condition of the affected persons who were admitted to MKCG Medical College and Hospital is stated to be stable. (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

E. COLI O104 (EUROPEAN UNION): 15 June 2011, In the EU/EEA, 821 HUS cases, including 24 deaths, and 2530 non-HUS cases, including 13 deaths, have been reported so far. Today [15 Jun 2011], Germany reports 2 new HUS cases and 17 new non-HUS STEC cases. It also reports a new HUS death. In Luxembourg, one STEC case newly developed HUS. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmm.maryland.gov/>

Maryland's Resident Influenza Tracking System: <http://dhmm.maryland.gov/flusurvey>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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